

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007773

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 144  
**FILED FEB 19 1963**

Primary Registration District No. 4358

Registrar's No. 4

VS 300  
Rev. 4/59

10720

20720

3

4 1

5 2

6

7 1

8 0

9331X

10

11

1290-0

134-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lilbourn</b>		c. CITY OR TOWN <b>Lilbourn</b>	
Length of stay in lb <b>49 years</b>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>S. 4th St.</b>		d. STREET ADDRESS (If outside, give location) <b>S. 4th St.</b>	
3. NAME OF DECEASED (Type or print) <b>Viola</b>		4. DATE OF DEATH Month <b>Feb</b> Day <b>15</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 5, 13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pensinor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rector, Ark</b>	
13a. FATHER'S NAME <b>Hancel Beardsley</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <b>Veera Lee Wilson Lilbourn, Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Lilbourn, Mo.</b>	
21. I attended the deceased from <b>June 1961</b> to <b>Feb 15 1963</b> and last saw her alive on <b>Feb 15 1963</b> . Death occurred at <b>845 PM 2-16-63</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Daniel R. Heesley MD</b>		22b. ADDRESS <b>Lilbourn, Mo.</b>	
22c. DATE SIGNED <b>2-16-63</b>		22d. LOCATION (City, town, or county) (State) <b>Lilbourn, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-17-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mounds Park Cemetery</b>	
24. FUNERAL DIRECTOR <b>Ponder Funeral Home Lilbourn, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-16-1963</b>	
26. REGISTRAR'S SIGNATURE <b>H. L. Ponder</b>		27. DATE SIGNED <b>2-16-63</b>	

(Licensed Embalmer's Statement on Reverse Side)

02-100-84-  
FEB 27 1963

FEB 21 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Shirley J. Ponder

Licensed Embalmer No. 5050

P. O. Address Lithonia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.